

**2022 SCHOLARSHIP PROGRAM  
APPLICATION FORM**

**Application Deadline: 4:30pm, Tuesday, November 30<sup>th</sup>, 2021**

How to submit your application:

By mail: Scholarship and Bursary Committee  
West Elgin Mutual Insurance  
29584 Pioneer Line, PO Box 312  
Dutton, ON N0L 1J0

By email: [rperry@westelgin.com](mailto:rperry@westelgin.com)

*Please note: Scholarships are conditional upon recipients completing their current school year with grades consistent to prior years.*

PERSONAL INFORMATION					
NAME:	(Given Names)		(Surname)		
DATE OF BIRTH:		CITIZENSHIP:	Canadian	Permanent Resident	
CONTACT INFORMATION					
POSTAL ADDRESS:					
TOWN/CITY:		PROVINCE:		POSTAL CODE:	
HOME PHONE:		CELL PHONE:			
EMAIL ADDRESS:					
PROGRAM OF STUDY					
ACADEMIC YEAR SCHOLARSHIP APPLIED FOR:	mm/yr to mm/yr	NAME OF COLLEGE:		Fanshawe Conestoga Mohawk	
INSURANCE RELATED DIPLOMA YOU WISH TO PURSUE:					
YEAR OF PROGRAM YOU ARE ENTERING:	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year		
ACADEMIC BACKGROUND					
HIGH SCHOOLS ATTENDED:	YEAR	NAME	CITY/TOWN	PROVINCE	DATE COMPLETED
POST SECONDARY INSTITUTIONS ATTENDED:					
If you did not complete high school or a post-secondary term in the current academic year, please specify employment or other activity since last enrolled.					

### OTHER AWARDS RECEIVED

List scholarship and academic award received in date order, starting with the most recent.

Award	School	Academic Year	Value

### SCHOOL AND COMMUNITY ACTIVITIES AND OTHER INTERESTS

Please tell us about yourself by listing all the school and community activities you have been involved in over the last 3 years. Include academic, sport, community involvement and employment.

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### CONSENT AND DECLARATION

By signing this application:

- I consent to West Elgin Mutual Insurance using my photograph and publishing my name in any publication, videotape, pamphlet, or promotion relating to their Scholarship and Bursary Program. This includes Social Media platforms.
- I acknowledge it is my intention upon graduation from the program of study indicated for the purposes of this application, to pursue a career in the property/casualty insurance industry or risk management field in the province of Ontario.
- I hereby certify that all information given on this application is true and complete in every respect
- I understand that the personal information provided on this application may be disclosed to the education institution I have enrolled with, if I am awarded a scholarship.

**SIGNATURE OF APPLICANT:**

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**DATE:**

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### STUDENT CHECKLIST

Application completed and signed

Essay attached

Video attached (MP4)

**PLEASE NOTE:** *Confirmation of enrolment in writing will be required prior to Scholarship funds being released.*